| ATTORNEY OR PARTY WITHOUT ATTORNEY  | Y (Name, State Bar number, and address):         |                                | FOR COURT USE ONLY   |
|---|--|--------------------------------|----------------------|
|   |  |                                |                      |
|   |  |                                |                      |
|   |  |                                |                      |
|   |  |                                |                      |
| TELEPHONE NO.:  | FAX NO. (Optional):                              |                                |                      |
| E-MAIL ADDRESS (Optional):  |  |                                |                      |
| ATTORNEY FOR (Name):  |  |                                |                      |
| SUPERIOR COURT OF CALIFORN  | IIA, COUNTY OF                                   |                                |                      |
| STREET ADDRESS:   |  |                                |                      |
| MAILING ADDRESS:  |  |                                |                      |
| CITY AND ZIP CODE:  |  |                                |                      |
| BRANCH NAME:  |  |                                |                      |
| CHILD'S NAME:   |  |                                |                      |
| OTTIES STOTULE.   |  |                                |                      |
|   |  |                                |                      |
| ORDER GRANTING AUTHORITY TO CONSENT TO MEDICAL,<br>SURGICAL, AND DENTAL CARE  |  | DICAL, CASE NUMBI              | ER:                  |
|   |  |                                |                      |
|   | (Welf. & Inst. Code, § 366.27)                   |                                |                      |
| L   |  |                                |                      |
| 1. The child is a dependent of the  | e court under Welfare and Institutions Code      | section 300.                   |                      |
|   |  |                                |                      |
| 2. The child is placed by order of  | f this court with a relative caretaker (specify  | name):                         |                      |
|   | (-,,,  | ,                              |                      |
| 3 The relative caretaker named  | in item 2 is granted the authority to provide    | egal consent for the child's   | medical surgical and |
| 3. The relative caretaker named in item 2 is granted the authority to provide legal consent for the child's medical, surgical, and dental care. The authority granted by this order is the authority that is held by a parent with full legal custody of a child. |  |                                |                      |
| dental care. The authority grain  | ited by this order is the authority that is held | by a parent with full legal co | uslody of a crilia.  |
|   |  |                                |                      |
|   |  |                                |                      |
|   |  |                                |                      |
|   |  |                                |                      |
| Date:   |  |                                |                      |
| Date.   |  | JUDICIAL O                     | PFFICER              |
|   |  |                                |                      |
|   |  |                                |                      |
|   |  |                                |                      |
|   |  |                                |                      |
| 4. CERTIFICATION  |  |                                |                      |
|   |  |                                |                      |
| I certify that this document is a   |  |                                |                      |
| the original on file in my office   | and that this order                              |                                |                      |
| has not been revoked, annulle   | ed, or set aside                                 |                                |                      |
| and is still in full force and effe   |  |                                |                      |
|   |  |                                |                      |
|   |  |                                |                      |
|   |  |                                |                      |
| Date:   | Clerk by   |                                | , Deputy             |
|   | 0.0, 2, <u> </u>                                 |                                | ,,                   |
|   |  |                                |                      |
|   |  |                                |                      |
|   |  |                                |                      |
| (SEAL)  |  |                                |                      |
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